



## **General Information and Psychological Services Agreement: Psychological Evaluation UMCP Student Athletes**

Welcome to our practice. We appreciate your trust and the opportunity to assist you. Maryland law requires that we provide you with information about our professional services, business policies, privacy protections and client rights, including the Health Insurance Portability and Accountability Act (HIPAA). HIPAA is a federal law that provides privacy protections, and patient rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations.

Warner & Associates, LLC, provides psychological services and works with the University of Maryland, College Park Department of Intercollegiate Athletics to support the academic, learning, and emotional needs of students and student-athletes.

### **STATEMENT OF INDEPENDENCE FROM THE ATHLETIC DEPARTMENT AND THE UNIVERSITY OF MARYLAND, COLLEGE PARK**

Warner & Associates, LLC is a psychology practice that provides a range of services, including psychotherapy, psychological evaluation, and consultation. It is an independent practice that is hired on an as-needed basis to provide psychological services to individuals and agencies, including the University of Maryland Athletic Department. Warner & Associates follows the laws and ethical guidelines established regarding the profession of psychology, as is consistent by both state and national standards.

### **PSYCHOLOGICAL EVALUATION**

A psychological evaluation generally answers a question about one's functioning. Evaluations examine a number of different areas, including cognitive, academic, attention, learning, memory, emotional, and social functioning. Results can be used to identify strengths and weaknesses, learning style, school curriculum, need for academic assistance or accommodations, and to understand one's functioning and factors that may assist with and/or get in the way of optimal functioning. A series of tests is uniquely selected for the individual in an attempt to find the answer to the question at hand.

### **PSYCHOLOGICAL EVALUATION PROCESS**

A psychological evaluation, also referred to as psychological testing) usually takes considerable time on both of our parts, often over the course of several days or weeks. Our first session will involve an assessment of your needs. During this session, we will discuss your reasons for requesting the evaluation, and we will gather information about your past and current background and history. We will then provide information on whether an evaluation is indicated, the type of evaluation indicated, and the uses, benefits, and limitations of different types of evaluations. You have the right to ask questions at any time, and to refuse or agree to any type of evaluation.

Attendance at the initial evaluation meeting(s) does not constitute a commitment on the part of the provider to provide a psychological evaluation or mental health services. We will make judgments regarding the “fit”, or “match”, between the provider and client; decisions regarding “fit” are based on the provider's areas of knowledge and expertise, the structure of the psychological practice, as well as the client's comfort in working with the practice. If it is determined that the match is not optimal, referrals to other providers either within, or independent from Warner & Associates, LLC will be provided.

If we decide that the assessment is indicated, over the course of several meetings, we will do a number of different tasks together. We may also request that we gather information from others who know you well, so that we can gain a comprehensive view of your functioning. Such information gathering may take the form of interview, or completion of questionnaires.

The amount of testing time varies widely according to the presenting problem, the individual, and tests utilized. Most clients seen by Warner & Associates require between 4 and 6 hours of face-to-face evaluation. Testing is typically conducted over 2 separate days. When you have completed all the tasks, we will review, score and interpret the results. Occasionally, after reviewing the material, we will determine that an additional test(s) would be helpful. If that is the case, we will inform you of this, and we will discuss the reasons, and risks and benefits.

We will also meet with you for a feedback session to share the evaluation results. A draft of the findings will be reviewed with you at the feedback session. The feedback session is typically held within 10 days of receiving all necessary testing data, but can be impacted by scheduling constraints. Relevant information from the feedback session is added to the written report, and the report is provided to you. We will forward the report to others involved in your care, only with your written permission, or the written permission of your guardian if you are under 18 years old.

Many individuals seek evaluations with the expectation of particular diagnoses, findings and recommendations. It is important to note that Warner & Associates makes no promises or guarantees regarding the nature of the results and recommendations of the evaluation.

### **COMMUNICATION WITH ATHLETIC DEPARTMENT**

The law protects the privacy of all communications between a client and a psychologist. In most situations, I can only release information about your treatment to others if you sign a written authorization form. Information will not be released to any individual within the UMCP Athletic Department without your written permission, or the written permission of your guardian, if you are under 18 years old. This includes Coaches, Athletic Trainers, physicians and Sports Medicine staff, learning specialists, fellow student-athletes, and anyone involved in your academic program, or any other type of care. In the case of a mental health emergency, the Athletic Department will be contacted, as indicated. Refer to Limits of Confidentiality section of this General Information and Psychological Services Agreement.

### **TERMINATION OF SERVICES**

Should you decide to end the evaluation prior to the originally agreed-upon time, you should discuss your reasons with me, so that we may properly bring closure to our work together. We encourage open communication before a final decision is made to terminate. We will then meet for a final feedback session, if indicated. A report of completed work will then be generated and provided to the client. There may be limitations to the report and its findings if the evaluation is terminated prematurely.

## **SCHEDULING AND CANCELLATION/MISSED APPOINTMENT POLICY**

We ask that you give us at least two days notice if you need to cancel a meeting. If there are three occasions in which you do not give at least two days notice of a cancellation, and/or no show for appointments, we have the right to terminate services.

When we are scheduled to be out of the office, or absent for any reason, we will provide emergency coverage, or will designate another individual to provide such coverage. Information about coverage will be available on our voicemail.

## **STAFF**

Staff are licensed psychologists, or advanced graduate trainees in psychology who are supervised by a licensed psychologist. All services (including test administration, scoring, and writing) provided by graduate trainees are supervised according to the legal and ethical guidelines of the profession of psychology. All graduate trainees are bound to adhere to the legal and ethical guidelines of the profession of psychology.

## **PROFESSIONAL FEES**

There is no charge to you for psychological evaluation services. Fees are paid by The University of Maryland Department of Intercollegiate Athletics.

## **LEGAL PROCEEDINGS**

If you become involved in legal proceedings that require our participation, you will be expected to pay for all of our professional time, including preparation and transportation costs, even if our services are requested by another party involved in your legal matter. Because of the difficulty of legal involvement, we charge \$450 per hour for preparation and attendance at any legal proceeding.

## **PARTICIPATION IS VOLUNTARY**

Warner & Associates, LLC will not penalize you if you choose not to participate in psychological evaluation. You may stop participating in the evaluation at any point. We advise you to consult with the Athletic Department if you choose not to participate in the evaluation.

## **CONTACTING ME**

Due to our work schedules and the nature of our work, we are often not immediately available by telephone. We will not answer the phone when we are with a client. We will make every effort to return your call within 1 business day. If you are unable to reach us and feel you cannot wait for us to return your call, call 911, or call or go to the nearest emergency room and ask for the psychiatrist or psychologist on call. If we will be unavailable for an extended time, we will provide you with the name of another mental health provider to contact.

## **USE OF ELECTRONIC COMMUNICATION (email and text)**

Electronic communication (email and text) is efficient, but is not fully secure or confidential. For communications about scheduling, office policies and procedures, email or text is not optimal, but can be used.

For more "sensitive", or private, information, we use an email system that encrypts, and provides protection for email communications. Client names, medical or mental health documents, and progress updates, are considered "sensitive", and warrant the use of our secure encrypted email. Your first email to the office will not be encrypted. However, we will email you back using our secure email system, and all further emails using that email thread will be secure and encrypted. Secure emails are permanently deleted in 2 weeks.

Please note that email and text messages are not to be used as a substitute for therapy, and do not replace a face-to-face session. The emails, texts, and/or a summary thereof, become a part of your clinical record.

We check emails and texts regularly during scheduled work hours, and will respond in 1 to 2 business days. Electronic communication is not to be used for crisis situations. If you are experiencing an emergency, or urgent matter, please call us, call 911, or call or go to the nearest emergency room and ask for the psychiatrist or psychologist on call.

### **LIMITS ON CONFIDENTIALITY**

The law protects the privacy of all communications between a client and a psychologist. In most situations, we can only release information about your treatment to others if you sign a written authorization form.

However, in the following situations, no authorization is required:

1. We occasionally consult with other health and mental health professionals about a case. During a consultation, we make every effort to avoid revealing the client's identity. The other professionals are also legally bound to keep the information confidential.
2. If a government agency is requesting the information for health oversight activities, we may be required to provide it for them.
3. If a client files a complaint or lawsuit against us, we may disclose relevant information regarding that client in order to defend ourselves.

There are some situations in which we are legally obligated to take actions to protect others from harm, and may have to reveal some information about a client's treatment. Those situations are the following:

1. If we have reason to believe a child or vulnerable adult has been abused or neglected.
2. If we have reason to believe a client may inflict imminent physical harm on others.
3. If we have reason to believe a client is at risk for harming or killing him or herself.
4. If a court order requests information about a client.

If such a situation arises, we will make every effort to fully discuss it with you before taking any action, unless, in our professional judgment, there is a compelling reason not to do so. We will limit our disclosure to what is necessary.

### **SOLE PROPRIETORSHIP**

Warner & Associates, LLC is a sole proprietor. While we share office space with other mental health professionals, we operate independently, do not share responsibility for patients, and do not share clinical information without proper consent of the client.

### **PROFESSIONAL RECORDS**

Our profession requires that we keep information about you in the form of a professional treatment record, called the Clinical Record. Except in circumstances that disclosure may endanger the life or physical safety of you or another person, you may examine and/or receive a copy of your Clinical Record. In most circumstances, we are allowed to charge a copying and preparation fee. If we refuse your request for access to your Clinical Records, you have a right of review, which we will discuss with you upon request.

**INVOLVEMENT IN OTHER PSYCHOLOGICAL EVALUATIONS**

We ask that you do not become involved in any other form of psychological evaluation or testing without first discussing it with us. If two evaluations are being performed at the same time, there may be overlap that may threaten the validity and usefulness of the evaluation we perform.

**CONTACT INFORMATION**

Warner & Associates Staff can be reached at 301-441-2525 (office phone), 301-442-3593 (office cell) or [admin@warnerpsychologyassociates.com](mailto:admin@warnerpsychologyassociates.com).

**ACKNOWLEDGEMENT**

Your signature below acknowledges that you have been provided this information. When you sign this document, it will represent an agreement between us. You may revoke this agreement in writing at any time.

I have read and understand the terms of this Agreement. I have had an opportunity to ask questions about this Agreement. I understand I can refuse to sign this Agreement.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS.

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature (if 18 or over)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Warner & Associates, LLC Staff Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Warner & Associates, LLC Staff Signature



## Consent to Treatment

I acknowledge that I have received, have read, and understand the "General Information and Psychological Services Agreement: Psychological Evaluation UMCP Student Athletes". I agree to participate in a psychological evaluation conducted by the staff of Warner & Associates, LLC. I have had my questions answered adequately at this time. I understand that I have the right to ask questions throughout the course of my assessment.

I have been informed of the nature of this evaluation and understand that a report will be written based on the results of the evaluation. I am aware that I must authorize the provider in writing to release information about my evaluation and treatment, but that confidentiality can be broken under certain circumstances of danger to myself or others, or court order. I understand that this evaluation is voluntary and that I can choose to not be evaluated, or to stop the evaluation at any time.

I have fully discussed with Warner & Associates the various aspects of our contract for a psychological evaluation. Warner & Associates has discussed with me scheduling, fees, and policies regarding missed appointments. No promises have been made as to the results of this evaluation or of any procedures utilized within it.

### ACKNOWLEDGEMENT

Your signature below acknowledges that you have been provided this information. When you sign this document, it will represent an agreement between us. You may revoke this agreement in writing at any time.

I have read and understand the terms of this Agreement. I have had an opportunity to ask questions about this Agreement. I understand I can refuse to sign this Agreement.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS.

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature (if 18 or over)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Warner & Associates, LLC Staff Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Warner & Associates, LLC Staff Signature